

AGENCY INFORMATION VALIDATION 2010

Agency ORI:	
Agency Name:	
Address: (Street Name/Number)	
Address: (City and Zip Code)	
Phone Number: (24 hour number – if applicable)	
Alternate Phone Number:	
Fax Number:	
Alternate Fax Number:	
"Generic" e-mail address for agency (not an address directed to one specific person)	

TACs can't modify the information on their ORI; BCI has to do this. Please run the TQ and Q0 functions on UCJIS and check the information. Please let BCI know what, if anything needs to be changed.

Please indicate what has been completed:

TAC viewed the ORI:

In NCIC (Q0) ☐ In Nlets (TQ) ☐ Can't inquire into these files ☐

ORI needs to be modified:

Yes ☐ No ☐

If yes, what needs to be changed or corrected?

Other Agency Information:

Name(s) and phone number of Primary TAC/Alt TAC:

E-mail of Primary TAC/Alt TAC:

Name of the agency administrator:

E-mail of agency administrator:

Name(s) and contact information for the agency IT personnel

Is your agency a 24-hour agency? Yes ☐ No ☐

Is your agency serviced by another agency? Yes ☐ No ☐

If so, list the ORI and name of the agency that provides your service:

Do you service other agencies? Yes ☐ No ☐

If so, list the ORI and name of the agency(s) that you service:

(List further ORIs that you service on the back of the form)

Does your agency participate in the Right of Access?

Yes ☐ No ☐